

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

-110
State File No. _____
Registered No. 182

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Wright (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate? <u>yes</u>	6. Date of birth <u>Sept. 5, 1931</u> Month Day Year
5. No., in order of birth.				

8. FATHER
Full name Don E. Wright

14. MOTHER
Full maiden name Hallie B. Stitt

9. Residence
(Usual place of abode) Globe
If non-resident, give place and state. Arizona

15. Residence
(Usual place of abode) Globe
If non-resident, give place and state. Arizona

10. Color of race White
11. Age at last birthday 37 (Years)

16. Color of race White
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) England
(State or country)

18. Birthplace (city or place) Pleasant Hill
(State or country) Mo.

13. Occupation unemployed
Nature of Industry Painter

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother <u>4</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:35 P.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Herman C. Bodmer
Physician
(Physician or midwife)

Given name added from
a supplemental report. _____
Month, day, year

Address Globe Arizona

Filed 10/5, 1931 Th. E. Wright
Registrar

363-905-823

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.